

www.mass.gov/abcc

| LICENSE NUMBER: 0/1200001 | • | LITY OR TOWN MILLDURY |
|---|--|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: TWENTY NO DOING BUSINESS A DAR BAH | INE CANAL STREET, INC | |
| ADDRESS 29 CANAL ST. | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: 01527 |
| MANAGER: FOLEY, RICHARD R. | TYPE OF LICENSE: Resta | nurant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR EMA | IL ADDRESS |
| DESCRIPTION OF LICENSED PR | REMISES: | |
| FLOOR, THREE ROOMS, CELLA | R FOR STORAGE. ALSO 3 PPROX. 5362 SQ. FT. CON | RANCE AND EXIT AT REAR. ONE BI CANAL STREET. A FENCED IN STAINING AN AREA FOR TABLES |
| I hereby certify and swear under per | nalties of perjury that: | |
| 1. the renewed license will | be of the same type for the sa | ame premises now licensed; |
| 2. the licensee has complied | d with all laws of the Commo | onwealth relating to taxes; and |
| 3. the premises are now ope | en for business (If not explain | n below) |
| SIGNED BY Individual, P | artner or Authorized Corpora | ate Officer |
| | | |
| DATE: TELEP | PHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | | (Note: <u>NOT</u> Individual Social Security Number) |
| Acts of 2004, signed by the buildi | ng inspector and the head o | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: | | LOCAL LICENSING AUTHORITY By: |
| (If disapproved explain) | | |
| | | |
| | | |



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| LICENSE NUMBE | ER: 071200002 | | CITY OR TOWN MILLBUR | RY |
|-------------------------------|--------------------------|-------------------------|--|--------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICENSED FOR 2 | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | E: ELM ENTERTAIN | MENT CORPORAT | ΓΙΟΝ | |
| DOING BUSINES | S A ELM DRAUGHT | HOUSE CINEMA | | |
| ADDRESS 35 ELN | M ST. | | | |
| CITY/TOWN: MI | ILLBURY | STATE: MA | ZIP CODE: 01527 | |
| MANAGER: PEI | RRY, JAMES R. TYP | 'E OF LICENSE: Res | staurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | S: | | | |
| | PLEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| | F LICENSED PREMIS | | | |
| STREET LEVEL F FOR STORAGE | FLOOR, THEATER SE | ERVICE WINE AND |) MALT BEVERAGES. CELLA | AR USED |
| I hereby certify and | l swear under penalties | of perjury that: | | |
| 1. the rene | wed license will be of t | the same type for the | same premises now licensed; | |
| 2. the licer | nsee has complied with | all laws of the Comr | nonwealth relating to taxes; and | |
| 3. the pren | nises are now open for | business (If not expla | ain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Partner | or Authorized Corpo | orate Officer | |
| | | | | |
| DATE | | | | |
| DATE: | TELEPHON | E NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| | | | (1706). 1702 marviduai 500iai | Security (variber) |
| Acts of 2004, sign | ed by the building ins | spector and the head | e certificate required by Chap l of the fire department for the rance required by Chapter 11 | e above |
| Please Check Below: | | | LOCAL LICENSING AUTH | IORITY |
| APPROVED: |] | | By: | |
| DISAPPROVED: | 1 | | | |
| (If disapproved exp | nam) | | | |
| | | | - | |
| DATE: | | | | |
| | | | | |



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| LICENSE NUMB | EK: 0/1200003 | | CITY OR TOWN MIL | LDUKI |
|---|----------------------|---|----------------------------|-------------------------|
| APPLICATION F | OR RENEWAL: | Annual | LICENSED F | FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAM | E: PERKINS EN' | TERTAINMENT LLC | | |
| DOING BUSINES | SS A MILL TOWN | NE TAVERN | | |
| ADDRESS 49 EL | M ST. | | | |
| CITY/TOWN: M | IILLBURY | STATE: MA | ZIP CODE: 015 | 27 |
| MANAGER: PE | ERKINS, AMELA A. | TYPE OF LICENSE: Rest | taurant CATEG | ORY: All Alcohol |
| EMAIL ADDRES | SS: | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| DESCRIPTION C | F LICENSED PRE | EMISES: | | |
| THE RIGHT SIDE KITCHEN/UTILI | E, 30 X 68 ON TH | . WITH A FULL CELLAI E LEFT SIDE, APPROXI STROOMS LOUNGE AR GHT SIDE. | MAT ELY 1,960 SQ, FT | , ONE |
| I hereby certify an | d swear under pena | lties of perjury that: | | |
| 1. the ren | ewed license will be | e of the same type for the s | same premises now licens | ed; |
| 2. the lice | ensee has complied | with all laws of the Comm | onwealth relating to taxes | s; and |
| 3. the pre | mises are now oper | n for business (If not explain | in below) | |
| SIGNED BY | Individual, Par | rtner or Authorized Corpor | rate Officer | |
| | | | | |
| DATE: | TELEPH | HONE NUMBER: | | TIFICATION NUMBER: |
| | | | (Note: NOT Individual | Social Security Number) |
| Acts of 2004, sign | ned by the buildin | e are in possession (1) the g inspector and the head te of liquor liability insur | of the fire department f | or the above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex | | | LOCAL LICENSING A By: | AUTHORITY |
| (== disapproved on | r/ | | | |
| | | | | |
| DATE: | | | | |



www.mass.gov/abcc

| LICENSE NUMBER | t: 071200006 | | CITY OR TOWN | MILLBUR | Y |
|------------------------|---|-----------------------|----------------------|---------------------|------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | LIBERTY HEIGHTS | S CAFE, INC. | | | |
| DOING BUSINESS | A LIBERTY HEIGHT | ΓS CAFE | | | |
| ADDRESS 1511 GR | AFTON ROAD | | | | |
| CITY/TOWN: MIL | LBURY | STATE: MA | ZIP CODE: | 01527 | |
| MANAGER: DiLE | O, DAMIAN C.TYPE | OF LICENSE:Re | staurant C | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | SITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PREMISE | S: | | | |
| 5 ENTRANCES AN | D 5 EXITS, ONE FLO | OR,THREE ROO | MS,CELLAR FOR | STORAGE | |
| I hereby certify and s | wear under penalties of | f perjury that: | | | |
| 1. the renew | ed license will be of the | e same type for the | e same premises nov | v licensed; | |
| 2. the license | ee has complied with al | ll laws of the Com | monwealth relating | to taxes; and | |
| 3. the premis | ses are now open for bu | ısiness (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY | | | | | |
| | Individual, Partner or | r Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE 1 | NUMBER: | EMPLOYE | R IDENTIFICAT | TION NUMBER: |
| | | | (Note: NOT In | dividual Social S | Security Number) |
| *** | | . (4) (3 | | 11 61 4 | 204 64 |
| 0 | d, attest that we are in I by the building inspe | • | _ | | |
| | (2) the certificate of lie | | | | |
| of 2010. | | | | | |
| Please Check Below: | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | in) | | | | |
| | | | | | |
| DATE: | | | - | | |
| | | | | | |
| APPLICATION FOR RENEW | VAL MUST BE FILED BY LICE | ENSEES DURING THE M | MONTH OF NOVEMBER (N | M.G.L. Ch. 138 \$ 1 | 6A) |



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| LICENSE NUMBER: 071200011 | | CITY OR TOWN | MILLBURY |
|---|-------------------------------|------------------------|-------------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSI | ED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: CHARLES F | . MINNEY POST VFW # | 3329 | |
| DOING BUSINESS A FOREIGN | WARS 3329 INC. | | |
| ADDRESS 16 SO. MAIN ST. | | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: | 01527 |
| MANAGER: Marcelli, William | TYPE OF LICENSE: Ve | eterans club CAT | ΓEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | <u></u> |
| DESCRIPTION OF LICENSED PR | REMISES: | | |
| ONE FLOOR,ONE BAR,ONE SER HALL,KITCHEN,STORAGE ROO ENTRANCES,ONE SECONDARY | M,CELLAR AND OFFIC | E,MEMBERS ROOM | |
| I hereby certify and swear under per | nalties of perjury that: | | |
| 1. the renewed license will | be of the same type for the | e same premises now li | censed; |
| 2. the licensee has complied | d with all laws of the Com | monwealth relating to | taxes; and |
| 3. the premises are now ope | en for business (If not expl | ain below) | |
| | | | |
| SIGNED BY | lauturau au Arethauira d Caus | anata Offican | |
| marviduai, P | artner or Authorized Corp | orate Officer | |
| | | | |
| DATE: TELEP | DUONE NUMBER | EMPLOYER II | DENTIFICATION NUMBER: |
| TELEP | PHONE NUMBER: | | idual Social Security Number) |
| We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certification of 2010. | ng inspector and the hea | d of the fire departme | ent for the above |
| Please Check Below: | | LOCAL LICENSIN | NG AUTHORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | - | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: (|)71200012 | | CITY OR | TOWN MILLBU | JRY |
|---|--------------------------|-----------------------|---------------|----------------------|---------------------|
| APPLICATION FOR F | RENEWAL: | Annual | | LICENSED FOR | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | BELFONT HOUSE I | NC. | | | |
| DOING BUSINESS A | BELFONT HOUSE | | | | |
| ADDRESS 011-13 SO | UTH MAIN ST. | | | | |
| CITY/TOWN: MILLI | BURY | STATE: MA | ZIP C | ODE: 01527 | |
| MANAGER: O'GAS' BERNI | | OF LICENSE: Inn | holder | CATEGORY | Y: All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLI | EASE ALSO VISIT OUR WEBS | ITE AND ENTER YOUR EM | MAIL ADDRESS | | |
| DESCRIPTION OF LI | | | | | |
| 3 FRONT ENTRANCE THIRD FLOOR, UNFI STORAGE OF STOCK | NISHED. SAID PRE | EMISES ALSO CO | ONTAIN A | CELLAR USED F | |
| I hereby certify and swe | ear under penalties of | perjury that: | | | |
| 1. the renewed | license will be of the | e same type for the | same prem | ises now licensed; | |
| | has complied with all | | | elating to taxes; an | d |
| 3. the premises | s are now open for bu | siness (If not expla | ain below) | | |
| | | | | | |
| SIGNED BY | Individual, Partner or | · Authorized Corpo | rate Office | r | |
| | , | · | | | |
| | | | | | |
| DATE: | TELEPHONE I | NUMBER: | E | MPLOYER IDENTIFIC | CATION NUMBER: |
| | | | (Note | NOT Individual Socia | al Security Number) |
| We the undersigned, Acts of 2004, signed to named license and (2) of 2010. | y the building inspe | ector and the head | l of the fire | e department for t | he above |
| Please Check Below: | | | LOCAL | LICENSING AUT | HORITY |
| APPROVED: | 1 | | By: | | |
| DISAPPROVED: (If disapproved explain | | | | | |
| (11 disappioved explain | , | | | | |
| | | | | | |
| DATE: | | | | | |
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| LICENSE NU | MBER: 071200013 | | CITY OR TOWN MILLBU | JRY |
|-------------------|--|---------------------------------|--|---------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE N. | AME: THE NEW S | ST. CHARLES HOTEL, IN | C. | |
| DOING BUSI | NESS A | | | |
| ADDRESS 12 | 6 WEST MAIN ST. | | | |
| CITY/TOWN: | : MILLBURY | STATE: MA | ZIP CODE: 01527 | |
| MANAGER: | MCKENNEY, THOMAS L. | TYPE OF LICENSE: Inn | holder CATEGORY | Y: All Alcohol |
| EMAIL ADDI | RESS: | | | |
| | PLEASE ALSO VISIT | T OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| | N OF LICENSED P | | | |
| | ES, 3 FLOORS, FIRS HIRD FLOOR NOT I | | O DINING ROOMS, SECON | D FLOOR, |
| I hereby certify | y and swear under pe | nalties of perjury that: | | |
| 1. the | renewed license will | be of the same type for the | same premises now licensed; | |
| 2. the | licensee has complie | ed with all laws of the Comr | nonwealth relating to taxes; an | d |
| 3. the | premises are now op | en for business (If not expla | ain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, F | Partner or Authorized Corpo | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTIFIC | |
| | | | (Note: NOT Individual Socia | al Security Number) |
| Acts of 2004, | signed by the build | ing inspector and the head | e certificate required by Cha l of the fire department for t rance required by Chapter 1 | he above |
| Please Check Belo | | | LOCAL LICENSING AUT | HORITY |
| APPROVED: | | | By: | |
| DISAPPROVI | | | | |
| (If disapproved | u capiani) | | | |
| | | | - | |
| DATE: | | | | |
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| LICENSE NUMI | BER: 071200014 | | CITY OR TOWN MILLBU | RY |
|-----------------------------|----------------------|-------------------------------|--|--------------------|
| APPLICATION 1 | FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAM | ME: THE WHEELO | OCK INN LLC | | |
| DOING BUSINE | ESS A | | | |
| ADDRESS 82 W | HEELOCK | | | |
| CITY/TOWN: | MILLBURY | STATE: MA | ZIP CODE: 01527 | |
| | IEVALSKY, TEVEN | TYPE OF LICENSE: Res | staurant CATEGORY | : All Alcohol |
| EMAIL ADDRE | SS: | | | |
| | PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| | OF LICENSED PRE | | | |
| TWO ENTRANGE FOR STORAGE | | EXITS,ONE FLOOR,TW | O ROOMS ON FLOOR AND | CELLAR |
| I hereby certify a | nd swear under pena | alties of perjury that: | | |
| 1. the rea | newed license will b | e of the same type for the | same premises now licensed; | |
| 2. the lic | ensee has complied | with all laws of the Comm | nonwealth relating to taxes; and | d |
| 3. the pro | emises are now oper | n for business (If not expla | ain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Par | rtner or Authorized Corpo | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPH | HONE NUMBER: | EMPLOYER IDENTIFIC | |
| | | | (Note: NOT Individual Socia | l Security Number) |
| Acts of 2004, sig | gned by the buildin | g inspector and the head | e certificate required by Cha I of the fire department for the rance required by Chapter 1 | he above |
| Please Check Below: | <u>.</u> | | LOCAL LICENSING AUT | HORITY |
| APPROVED: | | | By: | |
| DISAPPROVED | | | | |
| (If disapproved e | Apiaiii) | | | |
| | | | | |
| DATE: | | | | |
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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 0/1200015 | | CITY OR TOV | VIN MILLDUR | . I |
|------------------------------------|---|---------------------|-------------------|--------------------------------------|-------------|
| APPLICATION FOR | RENEWAL: | Annual | LIC | ENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS A | • | AGE STORE | | | |
| ADDRESS 123 MAIN | ST | | | | |
| CITY/TOWN: MILL | BURY | STATE: MA | ZIP CODE | : 01527 | |
| MANAGER: Patel, 1 | Mehul TYPE | OF LICENSE: Pa | ackage Store | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PI | EASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION OF L | CENSED PREMISE | ES: | | | |
| FRONT AND REAR I FOR STOCK | ENTRANCES AND | EXITS/ ONE FRO | ONT AND ONE F | REAR ROOM. O | CELLAR |
| | has complied with a s are now open for be | usiness (If not exp | lain below) | ng to taxes; and | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE | NUMBER: | | YER IDENTIFICATE Individual Social S | |
| Please Check Below: APPROVED: | | | LOCAL LICE By: | ENSING AUTH | ORITY |
| DISAPPROVED: | | | • | | |
| (If disapproved explain | 1) | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUI | MBER: 071200018 | | CITY OR TOWN | MILLBUR | Y |
|----------------------------|---|---------------------|-----------------------------------|------------------|--------------------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NA | AME: DANIEL P. SPRIN | í G | | | |
| DOING BUSIN | NESS A JT'S CORNER ST | ΓORE | | | |
| ADDRESS 238 | 8 MILLBURY AVE | | | | |
| CITY/TOWN: | MILLBURY | STATE: MA | ZIP CODE: | 01527 | |
| MANAGER: | SPRING, DANIEL TYPP. | 'E OF LICENSE: Pac | kage Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDR | RESS: | | | | |
| | PLEASE ALSO VISIT OUR WE | | MAIL ADDRESS | | |
| | N OF LICENSED PREMIS | | | | |
| | ONE ROOM, FRONT ANI | | | | |
| - | and swear under penalties renewed license will be of | | sama pramisas now | licensed: | |
| | licensee has complied with | | = | | |
| | premises are now open for | | _ | , unios, unio | |
| | | | | | |
| SIGNED BY | | | | | |
| | Individual, Partner | or Authorized Corpo | orate Officer | | |
| | | | | | |
| DATE | | | | | |
| DATE: | TELEPHON | E NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: |
| | | | (1000. <u>1101</u> mu | ividuai 50ciai 5 | ecurity Number) |
| | | | | | |
| Please Check Belo | ow: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVE (If disapproved | | | | | |
| (11 disappioved | capiani) | | | | _ |
| | | | | | |
| DATE: | | | | | |
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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 071200019 | | CITY OR TOWN | MILLBURY |
|--------------------|---|--------------------------|-----------------------|---------------------------------|
| APPLICATION | FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | ME: DOUGLAS PAC | KAGE STORE INC. | | |
| DOING BUSIN | ESS A LENNYS LIQU | JORS | | |
| ADDRESS 148 | WORCESTER PROVI | DENCE TPK. | | |
| CITY/TOWN: | MILLBURY | STATE: MA | ZIP CODE: | 01527 |
| | WNUKOWSKI, TY DAVID J. | YPE OF LICENSE:Pa | ckage Store CA | ATEGORY: All Alcohol |
| EMAIL ADDRI | ESS: | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| DESCRIPTION | OF LICENSED PREM | IISES: | | |
| STORY, FRON | 8 WORCESTER PROV T OF BUILDING HAS DARD DOORS, ALSO | ONE DOUBLE DOO | R ENTRANCE. TH | ERE ARE THREE |
| I hereby certify | and swear under penaltion | es of perjury that: | | |
| 1. the re | enewed license will be o | of the same type for the | same premises now | licensed; |
| 2. the li | censee has complied wi | th all laws of the Com | monwealth relating to | taxes; and |
| 3. the p | remises are now open for | or business (If not expl | ain below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Partne | er or Authorized Corp | orate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHO | NE NUMBER: | | IDENTIFICATION NUMBER: |
| | | | (Note: NOT Ind | ividual Social Security Number) |
| | | | | |
| Please Check Below | v: | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | | | By: | n vo 710 moram i |
| DISAPPROVEI | | | • | |
| (If disapproved | explain) | | | |
| | | | | |
| DATE | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0712 | 00020 | CIT | Y OR TOWN | MILLBUR | Y |
|--|--|-------------------|-----------------------------------|--------------|-----------------------------|
| APPLICATION FOR RENI | EWAL: A | nnual | LICEN | SED FOR 20 | 13 |
| | C | CLASS | | | YEAR |
| LICENSEE NAME: VILL | AGE KNOLL VARIET | Y INC | | | |
| DOING BUSINESS A VIL | LAGE KNOLL VARIE | ETY | | | |
| ADDRESS 105-07 WEST 1 | MAIN ST. | | | | |
| CITY/TOWN: MILLBUR | Y STAT | E: MA | ZIP CODE: | 01527 | |
| MANAGER: JEZYK, DA | NIEL L TYPE OF LIC | CENSE: Package | Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| PLEASE A | LSO VISIT OUR WEBSITE AND E | NTER YOUR EMAIL A | DDRESS | | |
| DESCRIPTION OF LICEN | SED PREMISES: | | | | |
| VARIETY STORE SELLIN BLDG. ENTRANCE AND | | | | A TWO STO | ORY |
| | complied with all laws on ow open for business (| | = | o taxes; and | |
| SIGNED BY Indiv | idual, Partner or Author | rized Corporate | Officer | | |
| | | | | | |
| DATE: | TELEPHONE NUMB | ER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LC By | OCAL LICENS 7: | ING AUTHO | DRITY |
| DATE: | | _ | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0/1200 | J21 | CITY OR TOWN MILLBUR | K I |
|---|------------------------------------|--|-------------|
| APPLICATION FOR RENEV | VAL: Annual | LICENSED FOR 2 | 013 |
| | CLASS | | YEAR |
| LICENSEE NAME: BAK, I DOING BUSINESS A SCAN ADDRESS 34 MAIN ST. | | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: 01527 | |
| | HN P. TYPE OF LICENSE: P | | All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALS | O VISIT OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | _ |
| DESCRIPTION OF LICENSE | ED PREMISES: | | |
| ONE ENTRANCE AND ONE | EXIT,TWO ROOMS,CELLA | AR FOR STOCK | |
| I hereby certify and swear und | er penalties of perjury that: | | |
| 1. the renewed license | will be of the same type for the | he same premises now licensed; | |
| 2. the licensee has con | nplied with all laws of the Cor | mmonwealth relating to taxes; and | |
| 3. the premises are no | w open for business (If not ex | plain below) | |
| | | | |
| SIGNED BY | ual, Partner or Authorized Cor | porate Officer | |
| Individ | sui, i urtilei oi riutilorizea coi | portice officer | |
| | | | |
| DATE: T | ELEPHONE NUMBER: | EMPLOYER IDENTIFICATION (Note: NOT Individual Social S | |
| Please Check Below: | | LOCAL LICENSING AUTH | ORITY |
| APPROVED: DISAPPROVED: | | By: | |
| (If disapproved explain) | | | |
| (11 disapproved explain) | | | |
| | | | |
| DATE: | | | |



www.mass.gov/abcc

| LICENSE NUMBER: 0/12000 | 24 | CITY OR TOWN MILLDURY |
|---|--------------------------------------|--|
| APPLICATION FOR RENEW | AL: Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: SIXTY I | ELM, INC. | |
| DOING BUSINESS A A & D | PIZZA | |
| ADDRESS 60 ELM STREE | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: 01527 |
| MANAGER: ANDRIANOPO S, GEORGE | OULOTYPE OF LICENSE: Rest | aurant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO | VISIT OUR WEBSITE AND ENTER YOUR EMA | AIL ADDRESS |
| DESCRIPTION OF LICENSE | D PREMISES: | |
| FOUR FT. HIGH PARTITION TWO ENTRANCES & EXITS | | |
| I hereby certify and swear unde | r penalties of perjury that: | |
| 1. the renewed license | will be of the same type for the s | same premises now licensed; |
| 2. the licensee has com | plied with all laws of the Commo | onwealth relating to taxes; and |
| 3. the premises are nov | w open for business (If not explai | in below) |
| SIGNED BY Individu | al, Partner or Authorized Corpor | rate Officer |
| | | |
| DATE: TE | ELEPHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | | (Note: NOT Individual Social Security Number) |
| Acts of 2004, signed by the b | uilding inspector and the head | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts |
| Please Check Below: APPROVED: | | LOCAL LICENSING AUTHORITY By: |
| DISAPPROVED: [If disapproved explain] | | |
| , | | |
| | | |
| DATE: | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0 | 71200027 | | CI | FY OR TOW | N MILLBUR | Y |
|---|-----------------------------------|--|--------------|-----------------|----------------|-------------|
| APPLICATION FOR R | ENEWAL: | Annu | ıal | LICE | NSED FOR 20 | 013 |
| | | CLA | SS | | | YEAR |
| LICENSEE NAME: C | OLFVIEW C | ORP | | | | |
| DOING BUSINESS A | CLEARVIEW | COUNTRY CL | UB | | | |
| ADDRESS 66 PARK H | IILL AVE | | | | | |
| CITY/TOWN: MILLE | URY | STATE: | MA | ZIP CODE: | 01527 | |
| MANAGER: LOOMI | S, NEIL | ГҮРЕ OF LICEN | SE: Restaur | rant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PLE DESCRIPTION OF LIC | | IR WEBSITE AND ENTER | R YOUR EMAIL | ADDRESS | | |
| LARGE FUNCTION R FUNCTION ROOM W ON BOTH LEVELS | OOM WITH I | BAR AREA, TW | | | | |
| 2. the licensee 3. the premises | license will be has complied v | of the same type with all laws of the for business (If n | for the same | wealth relating | | |
| SIGNED BY | ndividual, Part | tner or Authorized | d Corporate | Officer | | |
| | | | | | | |
| DATE: | TELEPH | ONE NUMBER: | | | ER IDENTIFICAT | |
| We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. | y the building | inspector and t | he head of | the fire depar | rtment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) |) | | | OCAL LICEN | NSING AUTH | ORITY |
| DATE: | | | _ | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 071200029 | (| CITY OR TOWN MILLBURY |
|--|--------------------------------|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: KAREN A. M | C GOVERN | |
| DOING BUSINESS A PUFFIN'S R | ESTAURANT | |
| ADDRESS 95 MAIN ST | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: 01527 |
| MANAGER: MC GOVERN, KAREN A. | TYPE OF LICENSE: Resta | urant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR EMA | IL ADDRESS |
| DESCRIPTION OF LICENSED PRI | EMISES: | |
| DINING ROOM AND KITCHEN L RESTROOM. ONE ENTRANCE/E SQ FT OF KITCHEN, 878 SQ. FT. | XIT IN KITCHEN & SERV | /ING AREA. TOTAL S/F 1,088, 210 |
| I hereby certify and swear under pena | alties of perjury that: | |
| 1. the renewed license will b | e of the same type for the sa | ame premises now licensed; |
| • | | onwealth relating to taxes; and |
| 3. the premises are now open | n for business (If not explain | n below) |
| | | |
| SIGNED BY Individual Pa | rtner or Authorized Corpora | nte Officer |
| inorradui, ru | The of Fidulo 112cd Corpore | |
| | | |
| DATE: TELEPI | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| TELET | TOTAL TYOMBLE. | (Note: NOT Individual Social Security Number) |
| Acts of 2004, signed by the building | g inspector and the head o | certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts |
| Please Check Below: | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | By: |
| DISAPPROVED: | | |
| (If disapproved explain) | | |
| | | |
| DATE: | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | 4BER: 071200031 | | CITY OR TOWN MILLBU | RY |
|--|-------------------------|---------------------------------|---|--------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| DOING BUSIN | ROVIDENCE STREET | RMARKET STATE: MA | ZIP CODE: 01527 | |
| | GORETTI, MARK TY | | | : Wine and |
| | | | | Malt Regular |
| EMAIL ADDRI | ESS: | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | AIL ADDRESS | |
| - | OF LICENSED PREMI | | | |
| SPACE. ONE C EMERGENCY | CUSTOMER ENTRY & I | EXIT LOCATED AT AND NORTHEAST A | KET W/17,400 SQ. FT. OF SE FRO NT DOOR(NORTH) OF AND 1 RECEIVING ENTRAN EST CORN | STORE. 3 |
| 2. the li | | all laws of the Comm | same premises now licensed; nonwealth relating to taxes; and in below) | ı |
| SIGNED BY | Individual, Partner | or Authorized Corpo | rate Officer | |
| DATE: | TELEPHON | IE NUMBER: | EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social | |
| Please Check Below APPROVED: DISAPPROVED (If disapproved) | D: | | LOCAL LICENSING AUTH By: | HORITY |
| DATE: | | | | |



www.mass.gov/abcc

| LICENSE NUMBER | : 071200032 | | CITY OR TOWN | 1 MILLBUR | Y |
|-------------------------------|---------------------------|-----------------------|--------------------|----------------------|--------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICE | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | RIVERSIDE INC. | | | | |
| DOING BUSINESS A | A RIVERSIDE MAR | T | | | |
| ADDRESS 54 CANA | L ST | | | | |
| CITY/TOWN: MILI | LBURY | STATE: MA | ZIP CODE: | 01527 | |
| MANAGER: EL-M | ASSIH, FADI TYPE | OF LICENSE: Pac | ckage Store (| CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| I | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF I | | | | | |
| RETAIL STORE WI'STORE | | | | OLER IN REA | AR OF |
| SIGNED BY | es are now open for b | | | | |
| | | | | | |
| DATE: | TELEPHONE | NUMBER: | | ER IDENTIFICAT | |
| Please Check Below: APPROVED: | | | LOCAL LICEN By: | ISING AUTH | ORITY |
| DISAPPROVED: [| in) | | | | |
| | | | | | |
| DATE: | | | | | |
| APPLICATION FOR RENEW | AL MUST BE FILED BY LIC | ENSEES DURING THE M | ONTH OF NOVEMBER | M.G.L. Ch. 138 \$ 10 | 6A) |



www.mass.gov/abcc

| LICENSE NUMB | ER: 071200034 | | CITY OR TO | OWN MILLBU | RY |
|---------------------|--|--|--------------------|---|---------------|
| APPLICATION F | OR RENEWAL: | Annual | L | ICENSED FOR | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAM | E: APPLE NEW | ENGLAND LLC | | | |
| DOING BUSINES | SS A APPLEBEE'S | S NEIGHBORHOOD | GRILL & BAR | | |
| ADDRESS ROUT | TE 146 | | | | |
| CITY/TOWN: M | IILLBURY | STATE: M | A ZIP COD | E: 01527 | |
| | OUSIGNANT, ENNETH L. | TYPE OF LICENSE: | Restaurant | CATEGORY | : All Alcohol |
| EMAIL ADDRES | S: | | | | |
| | PLEASE ALSO VISIT O | UR WEBSITE AND ENTER YOU | R EMAIL ADDRESS | | |
| | F LICENSED PRI | | | | |
| | | CONTAINING APPR I, BAR, SEATING 198 | | OF GROSS FLC | OOR - |
| 2. the lice | ensee has complied mises are now oper | e of the same type for the with all laws of the Confor business (If not exertine or Authorized Conformation C | mmonwealth rela | | I |
| | | | | | |
| DATE: | TELEPI | HONE NUMBER: | | OYER IDENTIFICA OT Individual Social | |
| Acts of 2004, sign | ned by the buildin | e are in possession (1) g inspector and the ho te of liquor liability in | ead of the fire de | epartment for th | ie above |
| Please Check Below: | | | LOCAL LI | CENSING AUTI | HORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | mlain) | | | | |
| (If disapproved ex | piaiii) | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 0/1200035 | | CITY OR TO | WN MILLDUF | XI |
|-----------------------|---|-----------------------|-----------------|----------------------------|------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LIC | CENSED FOR 2 | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | RARE HOSPITALIT | ΓΥ INT. INC. | | | |
| DOING BUSINESS | A LONGHORN STE | AKHOUSE OF M | ILLBURY | | |
| ADDRESS 70 WOR | CESTER PROVIDEN | ICE DR. | | | |
| CITY/TOWN: MIL | LBURY | STATE: MA | ZIP CODE | E: 01527 | |
| MANAGER: Purvi | s, David Alan TYPE | E OF LICENSE:Re | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR E | EMAIL ADDRESS | | |
| DESCRIPTION OF I | LICENSED PREMISE | ES: | | | |
| . | 1 1. | | | | |
| | wear under penalties of ed license will be of th | | s sama promisas | now licensed: | |
| | ee has complied with a | • • | - | | |
| | ses are now open for b | | | ng to taxes, and | |
| | 1 | | | | |
| SIGNED BY | | | | | |
| | Individual, Partner of | or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE | NUMBER: | | OYER IDENTIFICA | |
| | | | (Note: NO | <u>r</u> Individual Social | Security Number) |
| | d, attest that we are i | | | | |
| | l by the building insp (2) the certificate of li | | | | |
| of 2010. | (2) 0110 001 01110000 01 1 | .q | arunco roquirou | on on one of the | 01 011 1100 |
| Please Check Below: | | | LOCAL LIC | ENSING AUTH | IORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | un) | | | | |
| | | | | | |
| DATE: | | | - | | |
| | | | | | |



www.mass.gov/abcc

| LICENSE NUMBER: 071200036 | (| CITY OR TOWN MILLBU | JRY |
|--|---------------------------|--|----------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: TGI FRIDAY'S IN DOING BUSINESS A TGI FRIDAY'S | íC | | |
| ADDRESS ROUTE 146 | | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: 01527 | |
| MANAGER: CROSBY, NICOLE TY | PE OF LICENSE: Rest | aurant CATEGORY | 7: All Alcohol |
| EMAIL ADDRESS: | | | |
| DESCRIPTION OF LICENSED PREMIS | EBSITE AND ENTER YOUR EMA | ALL ADDRESS | _ |
| I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for | the same type for the s | onwealth relating to taxes; and | d |
| SIGNED BY Individual, Partner | or Authorized Corpor | ate Officer | |
| | | | |
| DATE: TELEPHON | E NUMBER: | EMPLOYER IDENTIFIC (Note: NOT Individual Socia | |
| We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010. | spector and the head | of the fire department for t | he above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUT By: | HORITY |
| DATE: | | | |



www.mass.gov/abcc

| LICENSE NUM | MBER: 071200037 | | CITY OR TOWN | MILLBURY |
|-------------------|--|--------------------------|-----------------------|----------------------------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: QUINCY AMUSE | EMENTS, INC. | | |
| DOING BUSIN | NESS A SHOWCASE CI | NEMA DE LUX | | |
| ADDRESS RO | OUTE 146 | | | |
| CITY/TOWN: | MILLBURY | STATE: MA | ZIP CODE: | 01527 |
| MANAGER: | TEMPLE, SCOTT TY | | emise CA | ATEGORY: All Alcohol |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT OUR W | VEBSITE AND ENTER YOUR E | MAIL ADDRESS | |
| DESCRIPTION | N OF LICENSED PREMI | SES: | | |
| | JRANT SEATING SOTO ROM 106 TO 486 SEATS | | | |
| I hereby certify | and swear under penaltie | s of perjury that: | | |
| 1. the 1 | renewed license will be of | the same type for the | same premises now | licensed; |
| 2. the 1 | licensee has complied with | h all laws of the Com | monwealth relating to | o taxes; and |
| 3. the 1 | premises are now open for | business (If not expl | ain below) | |
| - | | | | |
| SIGNED BY | Individual Dartna | r or Authorized Corp | orata Officer | |
| | marviduai, r artiic | i of Authorized Corp | orate Officer | |
| | | | | |
| DATE: | TELEPHON | W. N. H. A. C. E. D. | EMDI OVED | R IDENTIFICATION NUMBER: |
| DITTE. | TELEPHON | NE NUMBER: | | lividual Social Security Number) |
| | | | | • |
| Acts of 2004, | signed, attest that we are signed by the building in and (2) the certificate o | spector and the hea | d of the fire departr | |
| Please Check Belo | <u>ow:</u> | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | explain) | | | |
| | | | | |
| DATE. | | | | |
| DATE: | | | | |



www.mass.gov/abcc

| LICENSE NUI | MBER: 0/1200038 | | CITY OR TOWN MILLBURY | |
|---|--|---|---|---|
| APPLICATION | N FOR RENEWAL: | Annual | LICENSED FOR 2013 | |
| | | CLASS | YEAR | |
| LICENSEE NA | AME: UR OF MILLB | URY MA LLC | | |
| DOING BUSIN | NESS A UNO CHICA | GO GRILL | | |
| ADDRESS 70 | WORCESTER PROV | IDENCE HWY. | | |
| CITY/TOWN: | MILLBURY | STATE: MA | ZIP CODE: 01527 | |
| MANAGER: | BAILEY, CHRISTOPHER | ΓΥΡΕ OF LICENSE: Rest | aurant CATEGORY: All Alcohol | l |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR EM. | AIL ADDRESS | |
| - | N OF LICENSED PRE | | | |
| | CE RESTAURANT WI | | R, LOUNGE AREA, KITCHEN, | |
| 3. the signed by | - | for business (If not explain tner or Authorized Corpor | | |
| DATE | | | | |
| DATE: | TELEPH | ONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) | |
| Acts of 2004, a named license of 2010. | signed by the building e and (2) the certificat | inspector and the head | certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY | 3 |
| APPROVED: DISAPPROVE (If disapproved DATE: | | | By: | |
| DAIE. | | | | |



www.mass.gov/abcc

| LICENSE NUMBER: 071200039 | | CITY OR TOWN | MILLBURY |
|---|---------------------------------|-----------------------|---------------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: ROUND ROBIN OF DOING BUSINESS A RED ROBIN, AMEDIAN DOING BUSINESS A RED ROBIN | | | SPIRITS |
| ADDRESS ROUTE 146 | | | |
| CITY/TOWN: MILLBURY | STATE: MA | ZIP CODE: | 01527 |
| MANAGER: Carabetta, Michael TYPE | OF LICENSE: Re | staurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OUR WEBSI DESCRIPTION OF LICENSED PREMISES | | MAIL ADDRESS | |
| RESTAURANT BLDG. INCLUDING KITO RECEIVING AREA, RESTROOMS, HAND COOLER, FREEZER, BEER COOLER. 243 AT BAR. | DICAPPED REST 3 SEATS INCLUI | ROOM, STORAGE | AREA WALK-IN |
| I hereby certify and swear under penalties of | | | |
| the renewed license will be of the the licensee has complied with all | | _ | |
| 3. the premises are now open for but | | • | tuxes, and |
| SIGNED BY Individual, Partner or | Authorized Corpo | orate Officer | |
| DATE: TELEPHONE N | MIMDED. | EMPI OYER | IDENTIFICATION NUMBER: |
| TELEFTIONET | NOMBER. | | ividual Social Security Number) |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. | ector and the hea | d of the fire departr | nent for the above |
| Please Check Below: | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: DISAPPROVED: (If disapproved explain) | | By: | |
| | | | |
| DATE: | | | |



www.mass.gov/abcc

| LICENSE NUMBER: U | /1200043 | | CITY | OR TOWN | MILLDUK | . I |
|--|--------------------------|------------------|----------------|---|--------------|-------------|
| APPLICATION FOR R | ENEWAL: | Annual | | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: C | ALABRIA RESTAU | JRANT INCO | RPORATI | ED | | |
| DOING BUSINESS A | CALABRIA RESTA | URANT | | | | |
| ADDRESS 7 SOUTH M | IAIN STREET | | | | | |
| CITY/TOWN: MILLB | URY | STATE: M | A Z | IP CODE: | 01527 | |
| MANAGER: RITACO CONGE | | OF LICENSE: | Restauran | t C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PLEA | ASE ALSO VISIT OUR WEBSI | TE AND ENTER YOU | R EMAIL ADD | DRESS | | _ |
| DESCRIPTION OF LIC | ENSED PREMISES | S: | | | | |
| 1ST FL. DINING AREA KITCHEN AND RESTI STORAGE AREA IN C THE REAR. | ROOMS IN THE RE | EAR OF THE I | FIRST FLO | OOR AND | | |
| I hereby certify and swea | ar under penalties of | perjury that: | | | | |
| 1. the renewed l | license will be of the | same type for | the same p | oremises now | licensed; | |
| 2. the licensee h | nas complied with all | laws of the Co | ommonwea | alth relating t | o taxes; and | |
| 3. the premises | are now open for bu | siness (If not e | xplain belo | ow) | | |
| SIGNED BY | ndividual, Partner or | Authorized Co | orporate O | fficer | | |
| | | | | | | |
| DATE: | TELEPHONE 1 | NUMBER: | | EMPLOYER IDENTIFICATION NUMBER: | | |
| (Note: <u>N</u> | | | (Note: NOT Inc | e: NOT Individual Social Security Number) | | |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. | the building inspe | ctor and the h | ead of the | e fire depart | ment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: | | | LOO By: | CAL LICENS | SING AUTH | ORITY |
| (If disapproved explain) | | | | | | |
| | | | | | | |
| | | | | | | |
| DATE: | | | | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 07 | 1200044 | | CITY O | R TOWN | MILLBUR | Y |
|--|--|--|--------------------------|--------------------|--------------------------|----------------------------------|
| APPLICATION FOR RE | NEWAL: | Annual | | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: FE | NG IV LTD | | | | | |
| DOING BUSINESS A F | ENG ASIAN BI | STRO | | | | |
| ADDRESS 70 WORCES | TER/PROVIDE | NCE TPK | | | | |
| CITY/TOWN: MILLBU | JRY | STATE: MA | A ZIP | CODE: | 01527 | |
| MANAGER: CHEN, W | VILLIAM TYP | PE OF LICENSE: | Restaurant | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PLEAS | SE ALSO VISIT OUR WE | EBSITE AND ENTER YOU | R EMAIL ADDRE | SS | | |
| ONE STORY STRUCTU SETTINGTHE BUILI AND ONE FROM THE I INCLUDED IS OUTDO | DING WILL HAY KITCHEN AREA | VE ONE ENTRAI ATOTAL SEAT | NCE/EXIT : ΓING FOR : | FROM TH PREMISE | HE DINING A S WILL BE | AREA |
| 2. the licensee ha | cense will be of t as complied with | of perjury that: the same type for t all laws of the Co business (If not ex | mmonwealt | h relating | | |
| SIGNED BY | dividual, Partner | or Authorized Con | rporate Offi | cer | | |
| | | | | | | |
| DATE: | TELEPHON | E NUMBER: | (No | | | TION NUMBER: decurity Number) |
| We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010. | the building ins | spector and the ho | ead of the fi | ire depart | ment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | | LOCA By: | L LICEN | SING AUTH | ORITY |
| DATE: | | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | 0/1200045 | | CITY OR TO | WN MILLBUR | . I |
|--|--|--|-----------------|--|-------------|
| APPLICATION FOR | RENEWAL: | Annual | L | 013 | |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | WINENATION N | MA, INC | | | |
| DOING BUSINESS A | WINE NATION | | | | |
| ADDRESS 70 WOR | CESTER/PROVID | ENCE TURNPIKE | | | |
| CITY/TOWN: MILI | BURY | STATE: MA | ZIP COD | DE: 01527 | |
| MANAGER: TRON | E, TAYLOR TY | PE OF LICENSE:P | ackage Store | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| DESCRIPTION OF L | | VEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| 2. the license | d license will be or e has complied wit | s of perjury that: f the same type for the h all laws of the Cor r business (If not exp | nmonwealth rela | | |
| SIGNED BY | Individual, Partne | er or Authorized Cor | porate Officer | | Ì |
| DATE: | TELEPHOI | NE NUMBER: | | LOYER IDENTIFICATE OT Individual Social S | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | n) | | LOCAL LIG | CENSING AUTH | ORITY |
| DATE: | | | | | |



www.mass.gov/abcc

| LICENSE NUM | BER: 071200046 | | CITY OR TOWN MILLBUI | RY | |
|----------------------------------|---------------------------------------|---------------------------|---|--------------------------|--|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR 2 | 2013 | |
| | | CLASS | | YEAR | |
| LICENSEE NAM | ME: ZRC OPERATIO | ONS COMPANY, INC. | | | |
| DOING BUSINI | ESS A QDOBA MEXI | CAN GRILL | | | |
| ADDRESS 70 W | PRCESTER/PROVID | ENCE TPK | | | |
| CITY/TOWN: | MILLBURY | STATE: MA | ZIP CODE: 01527 | | |
| MANAGER: I | DIAZ, FRANCISCO TY | YPE OF LICENSE: Res | staurant CATEGORY: | Wine and Malt Regular | |
| EMAIL ADDRE | ESS: | | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | | |
| | OF LICENSED PREM | | | | |
| | 14 TABLES PLUS CO 2 EGRESSES-FRONT | | CCUPANCY OF 63: 2 HANDI | CAP | |
| I hereby certify a | and swear under penaltic | es of perjury that: | | | |
| 1. the re | newed license will be o | of the same type for the | same premises now licensed; | | |
| 2. the lie | censee has complied with | th all laws of the Comm | nonwealth relating to taxes; and | | |
| 3. the pr | remises are now open for | or business (If not expla | ain below) | | |
| | | | | | |
| SIGNED BY | T 11 1 1 D . | A 41 : 10 | . 055 | | |
| | individual, Partne | er or Authorized Corpo | orate Officer | | |
| | | | | | |
| DATE: | TEL EDITO | NE NE DED | EMPLOYER IDENTIFICA | TION NUMBER | |
| DITTE. | TELEPHO | NE NUMBER: | (Note: NOT Individual Social Security Number) | | |
| | | | | | |
| Acts of 2004, signamed license a | gned by the building i | nspector and the head | e certificate required by Chap I of the fire department for th rance required by Chapter 11 | e above | |
| of 2010. | | | | | |
| Please Check Below APPROVED: | <u>:</u> | | LOCAL LICENSING AUTH | IORITY | |
| DISAPPROVED | D: | | Ву: | | |
| (If disapproved e | explain) | | | | |
| | | | | | |
| DATE | | | | | |
| DATE: | | | | | |



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | BER: 0/120004/ CITY OR TOWN MILLBORT | | | | | |
|---|--------------------------------------|----------------------|------------------|---|--------------------------|--|
| APPLICATION FOR | RENEWAL: | Annual | LI | LICENSED FOR 2013 | | |
| | | CLASS | | | YEAR | |
| LICENSEE NAME: DOING BUSINESS A ADDRESS 100 WOR | MILLBURY XTR | A MART | INC. | | | |
| CITY/TOWN: MILL | BURY | STATE: MA | ZIP COD | E: 01527 | | |
| MANAGER: PAQU CYNT | | E OF LICENSE: | ackage Store | CATEGORY: | Wine and Malt Regular | |
| EMAIL ADDRESS: | | | | | | |
| PI | LEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR | EMAIL ADDRESS | | _ | |
| DESCRIPTION OF L | | | | | | |
| CONSISTING OF 355 LOCATED ON THE END CAPSADDIT | BACK WALLARI | EAS ALLOCATE | FOR BEER AN | ND WINE ARE T | HREE | |
| I hereby certify and sw | vear under penalties | of perjury that: | | | | |
| 1. the renewed | d license will be of t | he same type for the | ne same premises | now licensed; | | |
| 2. the licensee | e has complied with | all laws of the Cor | nmonwealth relat | ting to taxes; and | | |
| 3. the premise | es are now open for | business (If not ex | plain below) | | | |
| SIGNED BY | Individual, Partner | or Authorized Cor | porate Officer | | | |
| | | | | | | |
| | | | | | | |
| DATE: | TELEPHON | E NUMBER: | | OYER IDENTIFICAT OY Individual Social S | | |
| Please Check Below: APPROVED: | | | | CENSING AUTH | ORITY | |
| DISAPPROVED: | | | By: | | | |
| (If disapproved explain | n) | | | | | |
| | | | | | | |
| D. 1.000 | | | - | | | |
| DATE: | | | | | | |